

CLIENT-READY TRAINING MANUAL

Financial Coordinator Playbook

Dental + Orthodontic Office Training Guide



Present fees clearly

Use calm scripts and estimates without overpromising.



Protect the practice

Track contracts, payments, ledgers, and account follow-up.



Support the patient

Make money conversations organized, kind, and documented.

White-label edition | Built for onboarding, cross-training, and office systems

GUIDE ORIENTATION

How to Use This Playbook

This guide turns the financial coordinator role into a repeatable office system: clear conversations, clean documentation, steady collections, and respectful patient support.

Use it for new hires

Give this to a new financial coordinator, front desk cross-trainee, or treatment coordinator learning money conversations.

- Read one section per day.
- Practice the scripts out loud.
- Use the checklists for sign-off.

Use it for office systems

Use the templates to standardize financial presentation, AR follow-up, payment reminders, and handoffs.

- Customize to your policy.
- Review with leadership.
- Keep scripts consistent.

Core Rule

Financial coordination is not about pressuring people. It is about making the cost, options, expectations, and next steps clear enough that patients can make informed decisions.

Before using this in a real office

- ☐ Match every script to the office financial policy.
- ☐ Follow payer contracts, state rules, and privacy rules.
- ☐ Never guarantee insurance payment.
- ☐ Use leadership-approved collections language.

ROLE MAP

What the Financial Coordinator Really Does

The financial coordinator protects the practice while helping patients understand their investment. The role lives between treatment, insurance, scheduling, payments, and follow-up.

The role in one sentence

A financial coordinator turns treatment cost into a clear, respectful, documented plan the patient can understand and the office can track.

Patient-facing responsibilities

- Explain estimated fees and payment options.
- Review contracts and financial agreements.
- Answer balance, statement, and payment questions.
- Use scripts that are calm, accurate, and professional.

Office-facing responsibilities

- Track ledgers, contracts, credits, and refunds.
- Watch accounts receivable and past-due balances.
- Handoff with insurance, TC, front desk, and clinical team.
- Document financial conversations clearly.

Field Note

The best coordinator is not the person who talks the most. It is the person who makes the patient feel informed and the office feel protected.

PROFESSIONAL POSTURE

The Financial Coordinator Mindset

Money conversations can feel uncomfortable. A strong coordinator brings calm structure instead of awkward pressure.

Clear

Use plain language. Explain the estimate, the plan, the due date, and the next step.

Kind

Respect the patient. Avoid shame, sarcasm, threats, or judgment.

Documented

If it matters financially, it should be recorded according to office policy.

CONFIDENCE PHRASE

My job is to make sure you understand the estimated investment, the payment options, and what happens next before you make a decision.

Coordinator habits

- ☐ Pause before answering when details matter.
- ☐ Repeat the patient concern back in neutral language.
- ☐ Use estimated language for insurance and benefits.
- ☐ Ask leadership before creating exceptions.
- ☐ Write notes that are factual, not emotional.

WORKFLOW

The Patient Financial Journey

Every patient financial experience has a path. When the path is messy, patients feel confused and offices lose time. When the path is clear, everyone knows what happens next.

Stage	Coordinator focus	Clean handoff
Before consult	Confirm insurance/benefit info when applicable.	TC/front desk know what is missing.
Consult	Present estimated investment and payment options.	Patient knows their next step.
Start	Collect agreed payment and complete contract.	Ledger and chart are accurate.
During treatment	Monitor payment plan, insurance, and balances.	Follow-up is timely and respectful.
Finish/transfer	Resolve credits, balances, refunds, or contract changes.	Account is clean before closing.

Simple system

The patient should never have to guess: What do I owe? When is it due? Who do I call? What happens if insurance pays differently?

POLICY FOUNDATION

Build a Clear Financial Policy

A policy turns random conversations into consistent expectations. The coordinator should not invent rules at the desk; the office should approve them first.

Policy points to clarify

- ☐ When payment is due.
- ☐ Accepted payment methods.
- ☐ Down payment or start payment expectations.
- ☐ Monthly payment options and auto-pay rules.
- ☐ Late payment and returned payment process.
- ☐ Refund/credit process.
- ☐ Discounts, promotions, paid-in-full rules.
- ☐ Who can approve exceptions.

POLICY LANGUAGE

Our office policy is designed to keep everything clear before treatment begins. I can walk you through the estimate, the available payment options, and the agreement so there are no surprises.

Leadership rule

Financial policies should be approved by practice leadership and reviewed for state, payer, and compliance requirements.

ACCURACY

Estimate vs. Guarantee

This is one of the most important financial coordinator skills. Patients deserve clarity, but insurance and final responsibility cannot be promised beyond what the office can verify.

Say estimate

Use this when discussing insurance, benefits, and patient responsibility.

- Estimated coverage
- Estimated patient portion
- Estimated monthly amount
- Estimated remaining balance

Avoid guarantee

Do not promise what the payer has not paid or what policy may not cover.

- Insurance will definitely pay
- You will not owe anything else
- This is guaranteed
- They always cover this

SAFE WORDING

Based on the information we have today, this is your estimated investment. Insurance makes the final decision when they process the claim, so we will monitor the account and keep you updated if anything changes.

Why it matters

Financial trust is built when the coordinator is honest about what is known, what is estimated, and what may still change.

PRESENTATION

The Financial Presentation Flow

A strong money conversation has structure. The goal is to reduce confusion, not rush the patient.

Step	What to do	What to avoid
1. Connect	Acknowledge the treatment recommendation and patient goal.	Jumping straight to price.
2. Explain	Show total fee, estimated insurance, and estimated patient portion.	Using confusing math.
3. Offer	Present payment options in a calm menu.	Only offering one path.
4. Confirm	Ask what option feels most comfortable.	Assuming they understood.
5. Document	Record the plan, payment, and agreement status.	Leaving details verbal only.

TRANSITION PHRASE

Now that the doctor has reviewed the treatment recommendation, I will walk you through the estimated investment and the payment options available today.

PATIENT-FACING SCRIPT

The Treatment Investment Conversation

Use the phrase investment when appropriate, but keep the numbers direct. Patients need warmth and clarity.

FULL PRESENTATION SCRIPT

The total treatment fee is estimated at \$____. Based on the benefit information available today, your estimated insurance benefit is \$____. That leaves an estimated patient portion of \$____. We have a few ways to structure that so you can choose what works best for your household.

What the patient needs

- Total estimated cost
- Estimated insurance help
- Estimated patient portion
- Payment options
- Start payment due today
- Monthly amount and dates

What the office needs

- Signed agreement
- Payment method or start payment
- Insurance details
- Clear ledger setup
- Documentation of any special terms
- Next appointment status

Tone check

Do not apologize for the fee. Do not argue for the fee. Present the fee calmly, then help the patient understand their options.

PAYMENT PLANNING

Payment Option Menu

A menu makes money conversations easier. Instead of asking, “Can you pay?” the coordinator presents approved options.

Pay-in-full

Simple path for patients who want one payment. Use office-approved discounts only.

In-house monthly plan

Office-approved down payment, monthly amount, due date, and payment method.

Third-party financing

Option for patients who need lower monthly payments or outside financing.

Other payment tools

- Debit/credit card
- ACH/bank draft
- HSA/FSA card when eligible
- Split payments
- Multiple responsible parties

Always confirm

- Office policy
- Legal requirements
- Card/financing rules
- Signed authorization
- Patient identity and consent

MENU PHRASE

Most families choose one of three paths: pay in full, split the investment into monthly payments, or use outside financing for more flexibility. I can show you each option.

CONTRACTS

Payment Plans and Auto-Pay

Payment plans protect both patient and practice when they are clear, authorized, and documented.

Payment plan setup checklist

- ☐ Total estimated patient portion is documented.
- ☐ Down payment/start payment is entered.
- ☐ Monthly amount and due date are selected.
- ☐ Payment method is authorized according to office policy.
- ☐ Responsible party signs agreement.
- ☐ Missed/declined payment process is explained.
- ☐ Ledger and contract match.

AUTO-PAY EXPLANATION

This plan is set up so the agreed monthly payment is processed automatically on the selected date. That helps avoid missed payments and keeps the account current during treatment.

Documentation rule

If a patient changes the payment method, due date, responsible party, or monthly amount, document the change and follow the office approval process.

START WORKFLOW

Down Payments, Deposits, and Starts

Every office handles starts differently. The coordinator's job is to explain what is due, collect it correctly, and document the start agreement.

Before the start

- Review estimated fee and patient portion.
- Confirm start payment/down payment.
- Collect signed contract if required.
- Confirm insurance and responsible party info.

After the start

- Post payment correctly.
- Verify ledger balance.
- Confirm monthly plan begins on correct date.
- Send receipt or contract copy per office policy.

START-DAY PHRASE

To begin treatment today, the start payment is \$____. The remaining estimated balance is set up as \$____ per month beginning on ____.

Common mistake

Do not start treatment under one financial expectation while the ledger, contract, or payment setup says something different.

CONTROL

Discounts, Promotions, and Exceptions

Discounts can become chaotic if they are not controlled. The coordinator needs a clear approval path.

Before applying a discount

- ☐ Is the discount approved by office policy?
- ☐ Is the amount or percentage correct?
- ☐ Does it conflict with payer contracts or legal rules?
- ☐ Is the reason documented?
- ☐ Was leadership approval required?
- ☐ Does the ledger match the agreement?

EXCEPTION REQUEST

I want to make sure I give you accurate information. Let me review that request with our office leadership and confirm what options are available before I promise anything.

Safe

- Approved paid-in-full discount
- Documented promotional offer
- Leadership-approved hardship option
- Clear ledger adjustment code

Risky

- Random discount at the desk
- Undocumented verbal promise
- Different terms for similar cases
- Adjustment without approval

INSURANCE + FINANCE

Insurance Estimate Handoff

The financial coordinator and insurance coordinator must work as a team. Insurance affects the estimate, but it should not become a confusing promise to the patient.

Item	Ask/confirm	Why it matters
Plan status	Active? Waiting period? Orthodontic benefit?	Avoid presenting inactive or wrong benefits.
Lifetime maximum	Amount used and amount remaining.	Ortho benefits are often limited.
Age limits	Adult/child restrictions.	Eligibility may depend on patient age.
Primary/secondary	Who is primary? Any COB notes?	Controls claim flow and estimates.
History	Prior ortho treatment or transfer?	May affect remaining benefit.

INSURANCE ESTIMATE PHRASE

This estimate is based on the benefit information we received today. If the plan processes differently, we will update the account and explain the change.

ACCURACY

Contract Setup Audit

A financial contract should be clean before the patient leaves. Small contract errors can become months of confusion.

Contract audit checklist

- ☐ Correct patient name and responsible party.
- ☐ Correct total treatment fee.
- ☐ Insurance estimate entered correctly.
- ☐ Patient portion matches presentation.
- ☐ Down payment/start payment posted or scheduled.
- ☐ Monthly amount and due date are correct.
- ☐ Payment method authorization completed.
- ☐ Discount/adjustment approved and documented.
- ☐ Signatures completed according to office policy.

Trainer note

New coordinators should audit every contract with a trainer until they can explain each number without guessing.

LEDGER LITERACY

Ledger Basics

The ledger tells the financial story of the account. If the ledger is unclear, the patient conversation becomes unclear.

Charge

A fee added to the account for treatment or service.

Payment

Money received from patient, responsible party, or payer.

Adjustment

A correction, discount, write-off, or policy-approved change.

Coordinator checks

- Does the balance match the contract?
- Are payments posted to the right account?
- Are adjustments approved?
- Are insurance payments separate from patient payments?

When unsure

- Pause before explaining.
- Ask a senior team member.
- Review EOB/contract notes.
- Do not guess on the phone.

LEDGER REVIEW PHRASE

Let me review the ledger carefully so I can give you the most accurate explanation. I do not want to guess on your account.

DAILY ACCURACY

Posting Payments and Adjustments

Accuracy matters. A wrong payment or adjustment can make the account look past due when it is not, or make the practice miss money that is owed.

Payment posting checklist

- ☐ Confirm patient/account before posting.
- ☐ Select correct payment type.
- ☐ Enter correct amount.
- ☐ Apply to correct family/member when applicable.
- ☐ Send receipt if office policy requires it.
- ☐ Add note for unusual payments or split payments.
- ☐ Balance matches expected amount after posting.

Adjustment checklist

- ☐ Use only approved adjustment codes.
- ☐ Confirm who approved the adjustment.
- ☐ Document reason clearly.
- ☐ Verify patient balance after adjustment.
- ☐ Avoid vague notes like “fixed account.”

A/R SYSTEM

Accounts Receivable Basics

Accounts receivable is money owed to the practice. It can include patient balances, insurance balances, and old balances that need follow-up.

A/R type	What it means	Coordinator action
Current	Not yet due or recently billed.	Monitor and keep notes clean.
30 days	Beginning to age.	Send reminder or statement per policy.
60 days	Needs stronger follow-up.	Call, message, and document.
90+ days	High-risk balance.	Review with leadership before escalation.
Credit	Office may owe patient or payer.	Audit before refund or transfer.

A/R mindset

Aging balances should be handled early, kindly, and consistently. Waiting too long makes conversations harder.

DAILY RHYTHM

Daily Financial Dashboard

The coordinator should not wait until problems explode. A simple daily dashboard helps the office stay ahead.

Daily dashboard

- ☐ Today's starts: contracts and payments complete.
- ☐ Declined payments: reviewed and contacted if needed.
- ☐ A/R calls/messages: completed and documented.
- ☐ Insurance payments/denials: handed off or reviewed.
- ☐ Refund/credit items: flagged for approval.
- ☐ Upcoming consults: estimates ready.
- ☐ End-of-day deposit/payment reconciliation completed per policy.

Morning focus

Check starts, consult estimates, pending payments, and priority callbacks.

End-of-day focus

Reconcile, document, follow up, and leave clean notes for tomorrow.

FINANCIAL CADENCE

Weekly and Monthly Financial Rhythm

A coordinator who only reacts will always feel behind. Weekly and monthly rhythms keep the practice organized.

Weekly rhythm

- Run A/R aging report.
- Review 30/60/90-day balances.
- Audit declined payments.
- Review pending contracts.
- Update leadership on problem accounts.

Monthly rhythm

- Review collections percentage.
- Audit payment plans.
- Review credits/refunds.
- Check insurance receivables.
- Update financial policy questions.

LEADERSHIP UPDATE

This week, our largest financial risks are: accounts over 90 days, declined payment plans, unresolved insurance delays, and contracts missing signatures. Here is the action plan for each.

Office system

Good financial coordination is not one big monthly panic. It is small daily and weekly moves done consistently.

STATEMENTS

Patient Statements

Statements should be clear, timely, and tactful. The goal is to remind the patient of a balance without creating confusion or embarrassment.

Statement should show

- Patient/responsible party
- Date
- Balance
- Due date
- Payment options
- Office contact information

Statement should avoid

- Threatening language
- Public/private info errors
- Unapproved fees
- Vague balances
- Old notes copied without review

TACTFUL STATEMENT NOTE

Our records show a balance of \$_____ due on your account. Please contact our office so we can answer questions or help you make a payment arrangement according to office policy.

Best practice

Review statements before sending, especially if the account has insurance activity, recent payments, or a dispute.

CALL FLOW

A/R Phone Call Framework

A/R calls should be respectful, short, and documented. The coordinator is not there to argue; they are there to clarify and help resolve the balance.

Step	What to say/do	Why
Verify	Confirm you are speaking with the right person.	Protect privacy.
State	Explain the balance and due date plainly.	Reduce confusion.
Pause	Let the patient respond.	Avoid sounding robotic.
Offer	Review approved payment options.	Move toward solution.
Document	Record outcome and next action.	Protect the office.

A/R CALL OPENING

Hello, this is ____ from the office. I am calling about the balance on the account and wanted to help review the options for getting it resolved. Is now a good time to talk privately?

SCRIPTS

Past-Due Balance Scripts

Use calm language. Never shame. Never threaten. Never say anything outside approved office policy.

FIRST REMINDER

I am calling because the account shows a balance of \$_____ that was due on _____. I wanted to see if you would like to make a payment today or review available payment options.

SECOND REMINDER

We have not yet received payment on the balance of \$_____. I want to help keep the account current and avoid further issues. What payment option works best for you today?

IF PATIENT IS UPSET

I understand this is frustrating. Let me slow down and review the account with you step by step so we can figure out what happened and what options are available.

Approved language only

If the office uses external collections, credit reporting, late fees, or legal steps, those processes must be handled according to law, contract, and approved office policy.

PATIENT DIGNITY

Compassionate Collections

Professional collections do not require coldness. The strongest coordinator can protect the practice while still treating the patient with dignity.

Respect

Use calm tone. Do not embarrass the patient.

Consistency

Use the same approved process for similar accounts.

Boundaries

Kindness does not mean ignoring the balance or creating unauthorized exceptions.

HARDSHIP RESPONSE

Thank you for letting me know. I cannot erase the balance at the desk, but I can review the options our office allows and see what may be possible within policy.

Do not do this

- ☐ Do not shame patients.
- ☐ Do not threaten unapproved action.
- ☐ Do not discuss balances with unauthorized people.
- ☐ Do not promise debt forgiveness unless approved.
- ☐ Do not continue arguing if the call becomes unsafe or abusive.

BALANCE TYPE

Insurance Receivables vs. Patient Receivables

Not every balance should be chased the same way. Some balances belong in insurance follow-up before patient collection.

Insurance receivable

A balance expected from a payer or benefit plan.

- Check claim status.
- Review EOB/denial.
- Request missing attachment if needed.
- Follow up before billing patient when appropriate.

Patient receivable

A balance owed by the patient or responsible party.

- Send statement.
- Call or message per policy.
- Offer payment options.
- Document follow-up.

PATIENT-FRIENDLY INSURANCE DELAY LANGUAGE

It looks like part of the balance is still pending with insurance. I will review the claim status before we ask you to pay that portion, and I will update you once we have more information.

Accuracy first

Before making collection calls, confirm whether the balance is truly patient responsibility.

CLAIMS AWARENESS

EOB and Claim Follow-Up Handoff

Financial coordinators do not always file claims, but they must understand how EOBs and payer responses affect patient balances.

When reviewing an EOB

- ☐ Patient name and date of service match.
- ☐ Procedure/treatment details match the claim.
- ☐ Amount billed and allowed are understood.
- ☐ Amount paid is posted correctly.
- ☐ Adjustment/write-off is allowed and approved.
- ☐ Patient responsibility is clear.
- ☐ Denial reason or request for information is routed.

EOB EXPLANATION

The EOB is the payer's explanation of how they processed the claim. It is not a bill by itself, but it helps us understand what insurance paid and what may remain patient responsibility.

CREDITS

Refunds, Credits, and Overpayments

Credits should be handled carefully. A credit balance does not automatically mean a refund is ready that same second.

Common credit causes

- Insurance paid more than estimated.
- Patient paid ahead.
- Contract adjustment was entered.
- Duplicate payment occurred.
- Transfer or discontinuation changed balance.

Before refunding

- Audit ledger.
- Check payer rules and contract terms.
- Confirm responsible party.
- Get required approval.
- Document refund method and date.

CREDIT BALANCE PHRASE

I see a credit on the account. Before we issue anything, we need to audit the ledger and confirm whether the credit belongs to the patient, payer, or another responsible party.

Safety note

Refunds and overpayments can involve payer contracts, state law, and office policy. Do not process them casually.

TEAM CONSISTENCY

Financial Policy at Scheduling

Financial confusion often starts before the financial coordinator sees the patient. Front desk, TC, and finance need shared language.

At scheduling

- Confirm consult type.
- Confirm insurance info if applicable.
- Explain forms needed.
- Avoid quoting complex fees without context.

At checkout

- Confirm next payment or balance.
- Schedule follow-up if needed.
- Route financial questions to correct person.
- Avoid public balance talk at front desk.

FRONT DESK HANDOFF

Our financial coordinator can review the exact estimate and options with you privately. I will make sure they have your information before the appointment.

Privacy habit

Do not discuss balances loudly in open areas. Move detailed money conversations to a private or lower-volume setting whenever possible.

PAYMENT TOOLS

HSA, FSA, and Third-Party Financing Awareness

Patients may ask about HSA/FSA cards, financing, and payment tools. The coordinator should give general process guidance, not tax or legal advice.

HSA/FSA

May be used by some patients depending on eligibility and plan rules. Do not give tax advice.

Financing

Explain application flow, approvals, promotional terms, and office limitations.

Split payments

Useful for families who divide responsibility, but must be documented clearly.

HSA/FSA PHRASE

Many patients use HSA or FSA funds for eligible dental or orthodontic expenses, but you will want to confirm eligibility with your plan or tax advisor.

FINANCING PHRASE

Financing is handled by the outside financing company. We can show you the application option, but the approval terms come from that company.

COMPLIANCE AWARENESS

Privacy and Minimum Necessary

Financial conversations often include protected health information, plan details, treatment details, responsible parties, and payment information. Keep information limited and professional.

Privacy habits

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- Verify the person before discussing account details.
- Use private areas for detailed balance conversations.
- Do not leave detailed PHI in voicemail unless policy allows it.
- Use minimum necessary information for payment conversations.
- Do not discuss another family member's account without proper authorization.
- Follow office policy for texts, emails, and portals.

PRIVACY-SAFE VOICEMAIL

Hello, this is ____ from the office. Please call us back at ____ regarding your account. Thank you.

Important

The HIPAA Privacy Rule permits certain uses and disclosures for treatment, payment, and health care operations, but offices still need safeguards, role-based limits, and appropriate policies.

CHART + LEDGER NOTES

Documentation Language

A good note helps the next team member understand what happened. A bad note creates confusion or sounds emotional.

Good notes

- Factual
- Short
- Date/time aware
- Next action included
- No judgment words

Poor notes

- Patient refused to pay
- Patient is difficult
- They promised but probably won't
- Fixed it
- Insurance is useless

EXAMPLE NOTE

Reviewed estimated patient balance of \$____ with responsible party. Patient selected \$____ down and \$____ monthly beginning _____. Agreement signed. Receipt sent. Next review date: _____.

PAST-DUE NOTE

Called responsible party regarding balance of \$____ due _____. Patient requested payment link by text/email per office policy. Follow-up scheduled for _____.

LANGUAGE CONTROL

What Not to Say

A coordinator’s words can create risk, confusion, or distrust. Replace reactive phrases with professional language.

Do not say	Say instead
Insurance will pay this.	This is the estimated insurance benefit based on today’s information.
You have to pay or else.	The account shows a balance due. Let’s review the options available.
That’s not my problem.	Let me see who can best help with that.
You should know this.	I can walk through it again step by step.
We can just waive it.	Let me review that request with leadership before I promise anything.
Your ex did not pay.	The account has a remaining balance. Let’s review the responsible-party details.

TEAM FLOW

Team Handoffs

The financial coordinator cannot work alone. Clean handoffs prevent missed starts, incorrect estimates, and confused patients.

From	What finance needs	What finance gives back
Treatment Coordinator	Treatment type, fee, start date, special notes.	Payment options, contract status, start readiness.
Insurance	Verified benefits, COB notes, claim status.	Patient responsibility questions and balance concerns.
Front Desk	Scheduling changes, payment questions, upset callers.	Approved language and patient next steps.
Clinical	Start/debond/transfer status, appliance updates.	Financial holds or contract concerns when policy applies.

WARM HANDOFF

I am going to connect you with our financial coordinator so they can review the estimate privately and answer the payment questions accurately.

KPI BASICS

Financial Metrics That Matter

Metrics help the coordinator know what needs attention. They are not just numbers; they show where the office is losing clarity or time.

Collections rate

How much of expected production is collected.

A/R aging

How balances move into 30, 60, 90+ day buckets.

Contract completion

How many starts have complete signed financial agreements.

Watch weekly

- Declined payments
- Past-due balances
- Missing contracts
- Refund/credit list
- Pending finance approvals

Watch monthly

- A/R trend
- Insurance receivable trend
- Collections percentage
- Payment plan health
- Adjustment patterns

Metric mindset

Metrics should lead to action: follow-up, training, policy cleanup, or handoff improvement.

ROLE PLAY

Scenario Drill 1: Price Concern

Practice matters. Use these drills for role-play with a trainer or office lead.

PATIENT SAYS

That is way more expensive than I expected.

COORDINATOR RESPONSE

I understand. Orthodontic treatment is a significant investment. Let me slow down and show you the total fee, estimated insurance benefit, and the payment options so we can see what feels most manageable.

Trainer checks for

- ☐ Coordinator does not get defensive.
- ☐ Coordinator reviews estimate clearly.
- ☐ Coordinator presents approved options.
- ☐ Coordinator avoids unauthorized discounts.
- ☐ Coordinator documents outcome.

SENSITIVE ACCOUNTS

Scenario Drill 2: Divorced or Split Responsibility

Family responsibility questions can get sensitive quickly. Keep the conversation factual, private, and policy-based.

PATIENT/PARENT SAYS

Their other parent is supposed to pay half.

COORDINATOR RESPONSE

I understand there may be an agreement between responsible parties. Our office can only follow the financial agreement we have on file and any approved account setup. Let's review the account privately and see what documentation we have.

Trainer checks for

- ☐ No blame language.
- ☐ No discussion with unauthorized person.
- ☐ No legal interpretation of custody or divorce orders unless office policy allows review.
- ☐ Clear next step is documented.

INSURANCE CHANGES

Scenario Drill 3: Insurance Paid Less

This is one of the most common financial friction points. The patient heard an estimate; now the payer processed differently.

PATIENT SAYS

You told me insurance would pay more.

COORDINATOR RESPONSE

I understand why that is frustrating. The amount we discussed was an estimate based on the benefit information available at the time. Let me review how the plan processed the claim and explain what changed.

Trainer checks for

- ☐ Coordinator uses estimate language.
- ☐ Coordinator reviews EOB/claim before answering.
- ☐ Coordinator does not blame the patient or payer casually.
- ☐ Coordinator offers next steps: appeal, refile, payment plan, or leadership review as policy allows.

PAYMENT RECOVERY

Scenario Drill 4: Declined Payment

Declined payments should be handled quickly and respectfully. Avoid embarrassment.

COORDINATOR CALL

Hello, this is ____ from the office. I am calling because the payment scheduled for ____ did not process successfully. I wanted to help update the payment method or make another arrangement today.

IF PATIENT IS EMBARRASSED

No worries. These things happen. Let's get the account updated so it stays current.

Trainer checks for

- ☐ Patient identity is verified.
- ☐ Tone stays neutral.
- ☐ Payment method updates follow policy.
- ☐ Next attempt/date is documented.
- ☐ No sensitive details are left in voicemail.

TRAINING PATH

30-Day Training Plan

This plan helps a new financial coordinator grow from observation to independent account handling.

Week	Focus	Proof of progress
Week 1	Observe financial presentations, learn policy, review ledger basics.	Can explain estimate vs guarantee.
Week 2	Practice scripts, payment menu, contract audit, posting payments with supervision.	Can complete mock presentation.
Week 3	Handle simple balances, statements, and insurance handoffs with review.	Can document clean notes.
Week 4	Manage daily dashboard, A/R follow-up, and complex scenarios with support.	Can run readiness checklist.

Training rule

New coordinators should be corrected early and kindly. Bad financial habits are easier to prevent than repair.

TRAINER TOOL

Trainer Sign-Off Ladder

Use this as a practical sign-off tool. A coordinator should not be released independently until they can explain, document, and recover common situations.

Level 1: Observe

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- Can identify total fee, insurance estimate, and patient portion.
- Can locate financial policy.
- Can explain privacy-safe communication basics.
- Can shadow a full financial presentation.

Level 2: Practice

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- Can role-play payment menu.
- Can audit a contract with trainer support.
- Can write clean ledger/chart notes.
- Can handle a simple payment question.

Level 3: Perform

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- Can present options independently.
- Can handle declined payment script.
- Can run daily dashboard.
- Can escalate complex cases appropriately.

TEMPLATE

Payment Presentation Worksheet

Use this worksheet to prepare for a consult or start. Customize fields to match the office software and policy.

Field	Notes
Patient / responsible party	
Treatment type	
Total fee	
Estimated insurance benefit	
Estimated patient portion	
Down payment / start payment	
Monthly payment option	
Due date / auto-pay date	
Agreement signed?	
Special approval needed?	

TEMPLATE

A/R Follow-Up Log

Use a simple log to keep balances from disappearing into memory. Every follow-up should leave a next step.

Date	Account	Balance	Action	Next step
			Statement / call / text / email	
			Payment link sent	
			Left privacy-safe voicemail	
			Patient disputed balance	
			Leadership review	
			Payment received	

Log rule

A/R follow-up is only useful if the next person can understand what happened and what to do next.

QUICK REFERENCE

Financial Coordinator Script Library

Keep these short scripts nearby. The goal is consistent, calm language.

ESTIMATE

This is an estimate based on the information we have today. If insurance processes differently, we will update the account.

BALANCE

The account currently shows a balance of \$____. I can help review the options for resolving that today.

PAYMENT PLAN

We can structure the estimated patient portion as \$____ down and \$____ per month beginning ____.

ESCALATION

I want to make sure I handle this correctly. I am going to review this with leadership and follow up with the next step.

PRIVACY

For privacy, I need to verify a few details before discussing the account.

READINESS

Final Readiness Checklist

Before a financial coordinator works independently, they should be able to complete this checklist with confidence.

Ready to perform

- ☐ Explains total fee, insurance estimate, and patient portion clearly.
- ☐ Presents approved payment options without pressure.
- ☐ Uses estimate language and avoids guarantees.
- ☐ Audits contracts before patients leave.
- ☐ Posts payments and adjustments carefully.
- ☐ Runs a daily financial dashboard.
- ☐ Handles A/R calls respectfully.
- ☐ Documents account conversations clearly.
- ☐ Uses privacy-safe communication.
- ☐ Escalates exceptions instead of inventing them.

Final mindset

A strong financial coordinator does not just collect money. They create clarity, protect trust, and keep the business side of care moving smoothly.

REFERENCE

Source Notes + Educational Disclaimer

This guide is educational and should be customized to each office's current policy, payer contracts, state law, privacy practices, and professional guidance.

Source notes

This guide was informed by public sources including: ADA Dental Claim Form guidance; ADA Coordination of Benefits guidance; ADA practice-management resources on overdue accounts and dental benefit plans; HHS HIPAA guidance on treatment/payment/health care operations and minimum necessary; ADA HIPAA minimum-necessary summary; FTC and CFPB resources on fair debt collection; CFPB medical-debt rule updates; and BLS descriptions of dental/medical administrative billing roles.

Not legal, tax, or accounting advice

Financial policies, collections, discounts, refunds, financing, credit reporting, HSA/FSA use, payer contracts, and patient communications may be regulated by federal law, state law, payer rules, and office policy. Offices should review final scripts and workflows with qualified leadership, compliance advisors, legal counsel, or accounting professionals when needed.

Customize before selling or deploying

- ☐ Add office-approved fees, payment options, and policy language.
- ☐ Remove anything that does not match state or payer requirements.
- ☐ Train staff on privacy and documentation before patient use.
- ☐ Keep source notes and disclaimer with the guide.